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CONFIRMATION NO. 9626

<b>SERIAL NUMBER</b> 10/588,653	<b>FILING or 371(c) DATE</b> 08/07/2006 <b>RULE</b>	<b>CLASS</b> 433	<b>GROUP ART UNIT</b> 3732	<b>ATTORNEY DOCKET NO.</b> 66489-107	
<b>APPLICANTS</b> Matthias Rein, Lorsch, GERMANY; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/EP05/50600 02/10/2005 <b>** FOREIGN APPLICATIONS *****</b> GERMANY 10 2004 006 805.4 02/11/2004 <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 04/20/2007					
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and /MATTHEW M NELSON/ Acknowledged Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWINGS</b> 3	<b>TOTAL CLAIMS</b> 20	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> DYKEMA GOSSETT PLLC FRANKLIN SQUARE, THIRD FLOOR WEST 1300 I STREET, NW WASHINGTON, DC 20005 UNITED STATES					
<b>TITLE</b> Manual dental instrument, dental care unit and method for displaying data using a manual dental instrument					
<b>FILING FEE RECEIVED</b> 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		